ANNEXURE-I

PROFORMA FOR PATIENT INVESTIGATIONS

OPD NUMBER:

NAME: AGE: SEX:

S/O:

ADDRESS:

CONTACT NUMBER:

MEDICAL HISTORY OF PREDIABETIC:

HEIGHT:

WEIGHT:

INVESTIGATIONS:

ANNEXURE-II

Rama Medical College Hospital & Research Centre

Mandhana, Kanpur

PATIENTCONSENT FORM

College and research centre will be included in the study I…….

Son/daughter/wife of ……..excercising my free power of choice, hereby give my consent to be included in the study " COMPARING THE METABOLIC EFFECTS DIETARY MODIFICATION ALONE AND DIETARY ALONG WITH FENUGREEK IN PREDIABETICS OF KANPUR" . I have been explained the purspose of the study and the procedure of the study to my satisfaction in the launguage that I understand. I agree to take part in the investigations as required. Iam also aware of rights to left of the study at any time during the course of study without having to give reasons to do so.

(to be explained in detail in the native language)

स्वीकृति फार्म

मैं .....पुत्र/पुत्री/पत्नी ..... स्वय इस शिक्षा शोध में भाग ले रहा /रही हूँ । मुझे इस शोध की सारी प्रकिया और उद्देश्य अपनी भाषा में समझा दिया गया है।मै स्वय इस शोध की जॉच पड़ताल मे भाग लेने की स्वीकृति देता /देती हूँ । मुझे जानकारी ळे कि, मै इस शोध को कभी भी किसी को बताये बगैर, छोड़ सकता / सकती हूँ

Doctor

सहभागी

नाम.....

हस्ताक्षर/अंगूठेकानिशान .....

दिनॉक.....

Name .....

Signature.....

Date .....